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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section Division of Corporations

	stutter up, com Naples, INC.
NAME OF CORPORATION:  DOCUMENT NUMBER:	Shutterup. com Naples, INC. P16000074216
The enclosed Articles of Amendmen	
Please return all correspondence con	cerning this matter to the following:
	LARRI Silberman
<del></del>	Name of Contact Person
	Firm/ Company
	10377 PRATO ST.
	Address Wellington, FL 33414 City State and Zin Code
	City/ State and Zip Code
•	LARRY Shutterup@ Smail.com
E-mail ac	dress: (to be used for future annual report notification)
For further information concerning the	nis matter, please call:
LARRY Silberma	on at (239) 245 - 3229 Area Code & Daytime Telephone Number
Name of Contact Pers	on Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Certific	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee cate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)  S52.50 Filing Fee Certified Copy (Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations Division of Corporations Clifton Building

Tallahassee, FL 32301

## Articles of Amendment

Articles of Amendment
to
Articles of Incorporation
of
Shufferup · com Naplos, INC.

	,
(Name of Corporation as currently	filed with the Florida Dept. of State)
P16000	20742/6 25
(Document Number of	Corporation (if known)
ursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> s Articles of Incorporation:	SS T
. If amending name, enter the new name of the corporation:	SHUTTER UP INC PER PO
L COPS, SPACE Between words, NO PUNCTUATION)	SHATER UP INC EX
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C ord "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1460 GOLDEN GATE PARKW SPORTS SUITE 109
<del></del>	SUITE 109
	NAPLES, FL 34105
. If amending the registered agent and/or registered office address:  Name of New Registered Agent  LAWRENCE	ess in Florida, enter the name of the
(klarida stra	DEATE PARKWAY SUITE 109
	NAPLES Florida 34105

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Tawrence M. Sillerman
Signature of New Registered Agent. if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President: T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	110	14	FANGES	
X Remove	<u>v</u>	Mike Jones	100		1/10/1/2	
X Add	<u>SV</u>	Sally Smith		1		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	,		Address	
1) Change						
Add						
Remove						
2) Change		<del>-</del>				
Add						
Remove						
3 ) Change		<del></del>				
Add						
Remove					<del></del>	<del></del>
4) Change						
Add						
Remove						<u>.</u>
5) Change		_/	····			
Add				•		
Remove						
6) Change						·
Add						
Remove					<del></del>	

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · ·	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
<del> </del>	

The date of each amendment(s) adoption	on:	, if other than the
date this document was signed.	1 . 1 .	
Effective date if applicable:	HSAP	
Freceste date it appreciate.	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirement of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the for approval.	ne amendment(s)
	by the shareholders through voting groups. The forvoting group entitled to vote separately on the american	
"The number of votes east for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and	shareholder
Dated	1/17 Taurence M. Silliam	
Signature	Tawrence M. Silliem	an
(By a directo selected, by a	<ul> <li>r. president or other officer – if directors or officers an incorporator – if in the hands of a receiver, truste luciary by that fiduciary)</li> </ul>	have not been
	LAWRENCE M. Silber (Typed or printed name of person signing)	ermaN
	(Typed or printed name of person signing)	
	$\checkmark P$	
	(Title of person signing)	